

[] HOSPITAL GROUP ALCOHOL, SMOKING & SUBSTANCE INVOLVEMENT SCREENING TEST LITE (ASSIST-Lite) WARD: _____ CONSULTANT: _____	SURNAME		UMRN		
	GIVEN NAMES		DOB	GENDER	
	ADDRESS			POSTCODE	
				TELEPHONE	

Instructions:

The questions ask about alcohol and substance use in the **PAST 3 MONTHS ONLY**.

Ask about each substance in order and only proceed to the supplementary questions if the person has used that substance. On completion of all the questions, count the number of "yes" responses to obtain a score a score for each substance, and mark the risk category.

Provide a brief intervention relevant to the risk category.

ASSIST-Lite

In the past 3 months	Yes	No
1. Did you smoke a cigarette containing tobacco?	<input type="checkbox"/>	<input type="checkbox"/> Go to Q2
1a. Did you usually smoke more than 10 cigarettes each day?	<input type="checkbox"/>	<input type="checkbox"/>
1b. Did you usually smoke within 30 minutes after waking?	<input type="checkbox"/>	<input type="checkbox"/>
Score for tobacco (count 'Yes' answers)		
What your score means:	3 High risk of harm	1-2 Medium risk of harm 0 Low risk of harm
2. Did you have a drink containing alcohol?	<input type="checkbox"/>	<input type="checkbox"/> Go to Q3
2a. On any occasion, did you drink more than 4 standard drinks of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
2b. Have you tried and failed to control, cut down or stop drinking?	<input type="checkbox"/>	<input type="checkbox"/>
2c. Has anyone expressed concern about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Score for alcohol (count 'Yes' answers)		
What your score means:	3+ High risk of harm	2 Medium risk of harm 0-1 Low risk of harm
3. Did you use cannabis?	<input type="checkbox"/>	<input type="checkbox"/> Go to Q4
3a. Have you had a strong desire or urge to use cannabis at least once a week or more often?	<input type="checkbox"/>	<input type="checkbox"/>
3b. Has anyone expressed concern about your use of cannabis?	<input type="checkbox"/>	<input type="checkbox"/>
Score for cannabis (count 'Yes' answers)		
What your score means:	3 High risk of harm	1-2 Medium risk of harm 0 Low risk of harm
4. Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed?	<input type="checkbox"/>	<input type="checkbox"/> Go to Q5
4a. Did you use a stimulant at least once each week or more often?	<input type="checkbox"/>	<input type="checkbox"/>
4b. Has anyone expressed concern about your use of a stimulant?	<input type="checkbox"/>	<input type="checkbox"/>
Score for stimulants (count 'Yes' answers)		
What your score means:	3 High risk of harm	1-2 Medium risk of harm 0 Low risk of harm
5. Did you use a sedative or sleeping medication not as prescribed?	<input type="checkbox"/>	<input type="checkbox"/> Go to Q6
5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?	<input type="checkbox"/>	<input type="checkbox"/>
5b. Has anyone expressed concern about your use of a sedative or sleeping medication?	<input type="checkbox"/>	<input type="checkbox"/>
Score for sedatives (count 'Yes' answers)		
What your score means:	3 High risk of harm	1-2 Medium risk of harm 0 Low risk of harm
6. Did you use a street opioid (e.g. heroin) or an opioid-containing medication not as prescribed?	<input type="checkbox"/>	<input type="checkbox"/> Go to Q7
6a. Have you tried and failed to control, cut down or stop using an opioid?	<input type="checkbox"/>	<input type="checkbox"/>
6b. Has anyone expressed concern about your use of an opioid?	<input type="checkbox"/>	<input type="checkbox"/>
Score for opioids (count 'Yes' answers)		
What your score means:	3 High risk of harm	1-2 Medium risk of harm 0 Low risk of harm
7. Did you use any other psychoactive substances?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what did you take?	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Not scored, but prompts further assessment)</i>		

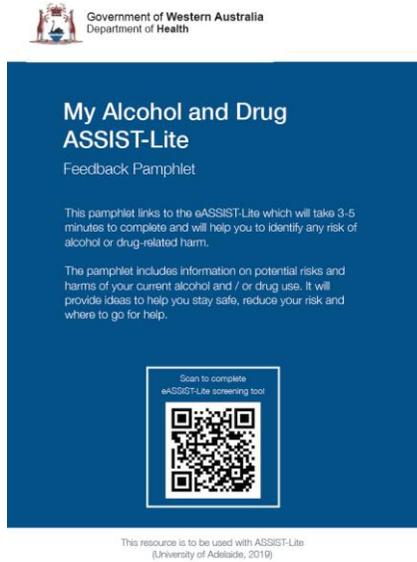
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MR ### ASSIST-Lite

ASSIST-Lite Risk and Management Scores

Low Risk	General Health Information	<input type="checkbox"/>
Medium Risk	Provide ASSIST-Lite Feedback Pamphlet Provide MHC Self Help Guide if patient interested	<input type="checkbox"/> <input type="checkbox"/>
High Risk	Provide ASSIST-Lite Feedback Pamphlet Provide MHC Self Help Guide if patient interested Referral to AOD Service FOR ASSESSMENT Consider commencing appropriate withdrawal chart	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



ASSIST-Lite Feedback Pamphlet



MHC Self Help Guide

Australian Alcohol Guidelines

Guideline 1: Reducing the risk of alcohol-related harm for adults

To reduce the risk of harm from alcohol-related disease or injury, healthy men and women should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day. The less you drink, the lower your risk of harm from alcohol.

Guideline 2: Children and people under 18 years of age

To reduce the risk of injury and other harms to health, children and people under 18 years of age should not drink alcohol.

Guideline 3: Women who are pregnant or breastfeeding

- A) To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.
- B) For women who are breastfeeding, not drinking alcohol is safest for their baby.

What is a Standard Drink



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